

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69609	5-18-99
O.I.P.E. CLASSIFIER		70611	5-25-99
FORMALTY REVIEW			6/1/99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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